



LIVER TRANSPLANT PROGRAM

GUIDE FOR PATIENTS

Shands
TransplantCenter
at the University of Florida

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INTRODUCTION

Welcome to the Liver Transplant Program at Shands at the University of Florida (SUF).

We are located:

1600 SW Archer Road
PO Box 100271
Gainesville, FL 32610-0271



Telephone: 352.265.0754

Toll Free: 855.5.TRANSPLANT
(855.587.2677)

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352.265.0571 – Post-Transplant

Website: www.UFandShands.org or <https://ufandshands.org/transplant-center/liver>

This handbook was designed to:

- Give you an outline of the liver transplant process
- Answer some commonly asked questions
- Inform you and your family about the Shands Transplant Center
- Help you to know what to expect after your transplant

Please read this handbook carefully. If you have any questions, please call your transplant coordinator.

THE SHANDS LIVER TRANSPLANT TEAM

TRANSPLANT SURGEONS

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Surgical Director of Liver Transplant
Kenneth Andreoni, MD
Brendan Boland, MD
Ivan Zendejas, MD

PHYSICIANS ASSISTANT

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CLINICAL PSYCHOLOGY

Robert Guenther, PhD

FINANCIAL COUNSELING

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PHARMACY

John William Harbilas, PharmD
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PROGRAM MANAGER

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Stephanie Green
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Donna O'Donnell
Dru'anne Skinner

SOCIAL WORKERS

Lisa Rule, LCSW, CCTSW
Kelli Walker, LCSW

THE HISTORY OF LIVER TRANSPLANT

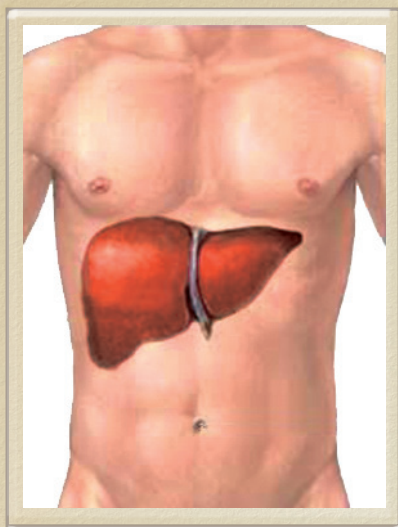
The first successful human liver transplant was performed at the University of Colorado in 1963. Since that time, the results of liver transplantation have improved and recipients of liver transplants are now achieving excellent survival rates. The rising success of liver transplants offers new hope to patients suffering from end-stage liver disease.

The Shands Transplant Center at the University of Florida was founded in 1966 when Dr. William Pfaff performed Florida's first kidney transplant. In 1990, the Shands Liver Transplant

Program was founded. We are only one of a few centers to also offer kidney, kidney-pancreas, liver, heart, heart-lung, and bone marrow transplants.

The healthcare providers at our center are committed to focusing their knowledge and research on the problems of patients with advanced liver disease. We are dedicated to keeping the highest level of patient satisfaction. The main goal of our program is not only to prolong life but also to improve quality of life.

THE LIVER



The liver is the largest internal organ in the body. It is located on the right side of the abdomen behind the lower ribs. Its purpose is to control many important functions that are vital for a

healthy body.

During the surgery, your new liver will be placed in the same location as your old liver, after your old liver has been removed.

SOME OF THE LIVER'S FUNCTIONS ARE:

- To change food into building blocks needed for life and growth
- To filter and remove drugs, alcohol, and other things that may be harmful to your body
- To clean the body of bacteria and waste products
- To produce bile, a yellow-green fluid that is needed for the body to use fats and vitamins
- To make proteins for cell growth, reproduction, repair and blood clotting
- To store and release sugar for energy

Although the liver can repair its own cells, there are many illnesses that will lead to end-stage liver disease, also called cirrhosis. Once this has happened, liver transplantation is the only option that will return normal health and strength.

LIVER DISEASE



CIRRHOSIS

CIRRHOSIS CAN BE CAUSED BY ANY OF THE FOLLOWING:

- Alcohol use
- Autoimmune hepatitis: the body's immune system does not recognize the liver as its own and attacks it
- Chronic bile duct blockage: Primary Biliary Cirrhosis (PBC), Primary Sclerosing Cholangitis (PSC), and Biliary Atresia (BA)
- Chronic viral hepatitis (Type B and C)
- Cryptogenic causes
- Genetic Disorders
 - Alpha I-antitrypsin deficiency: an inherited disorder
 - Hemochromatosis: an abnormal storage of iron
 - Wilson's disease: an abnormal storage of copper
 - Non-Alcoholic Fatty Liver Disease
- Other causes

SIGNS AND SYMPTOMS OF LIVER DISEASE

PEOPLE WITH LIVER DISEASE MAY HAVE ANY OF THESE SYMPTOMS:

- Jaundice (yellowing of the eyes and skin)
- Itching
- Malaise and fatigue
- Weight loss and muscle wasting
- Dark, tea-colored urine
- Gray or clay-colored stools
- Mental confusion or coma (this is called encephalopathy)
- Ascites (an abnormal collection of fluid in the abdomen)
- Vomiting of blood
- Frequent nose bleeds
- Easy bruising



Patients with liver disease must remain free of any and all alcohol use. We require alcohol abstinence for all patients considering liver transplantation.

TRANSPLANT EVALUATION

Before our doctors can decide if a liver transplant is your best treatment option, you will need to complete a two-day outpatient evaluation. This is a schedule of testing to see how bad your liver disease is as well as to ensure that the rest of your body is healthy enough to survive transplant.

Your transplant evaluation will most likely include all of the following tests:

ARTERIAL BLOOD GASES:

A sample of blood is taken from an artery in your wrist and used to see how well your lungs function. This measures the amount of oxygen and carbon dioxide in your blood.

BLOOD DRAW:

Blood is drawn to evaluate your liver function, kidney function, and blood type. We will also perform a battery of viral tests. All blood tests are to better care for you before and after liver transplantation. An HIV/AIDS test will also be done.

CHEST X-RAY:

This will evaluate for any problems with your heart or lungs.

ELECTROCARDIOGRAM (ECG/EKG):

A group of wires will be placed on your chest to record your heart's electrical activity.

FINANCIAL ADVISEMENT:

You will meet with a hospital finance counselor to discuss your insurance co-pays. Please bring your insurance information with you. We will help you determine what financial resources are available to you.

PHARMACY ADVISEMENT:

You will meet with a pharmacist who will discuss post-transplant medications. Please bring your insurance information with you. The

pharmacist will help you to determine your out-of-pocket expenses per month so you may plan on how to cover these costs.

PSYCHOSOCIAL ASSESSMENT:

You will meet with a social worker to discuss your support system (family and friends), physical and mental abilities as well as work history. Since this can be a stressful time, we feel that it is important to know how you handle stress as well as assess who will be available to provide you with emotional support. If you have a living will, please bring a copy of it with you. If you do not

have a living will we will help you complete one.



SURGICAL CONSULT:

You will meet with a liver transplant surgeon who will review your medical history and discuss the transplant procedure with you. They will talk to you about the surgery, possible complications and projected outcome. They may also discuss treatment options other than transplantation.

TRANSPLANT COORDINATOR:

The Transplant Coordinator will meet with you during your Transplant Surgery Consult. They will provide education as well as answer any questions or concerns that you may have. Your Transplant Coordinator is your main contact person at Shands at UF. You will need to stay in close contact with your coordinator during this entire process.

ULTRASOUND OR CT SCAN:

These tests are used to gain information regarding your degree of cirrhosis, patency of blood vessels and assessment for possible liver cancer. If a CT is ordered, contrast dye is used. Inform the radiologist if you have had a reaction to the dye or if you have an allergy to iodine or shellfish before having this test done.

ECHOCARDIOGRAM (ECHO):

Sound waves are used to create a picture of the heart to see how well it is pumping blood.

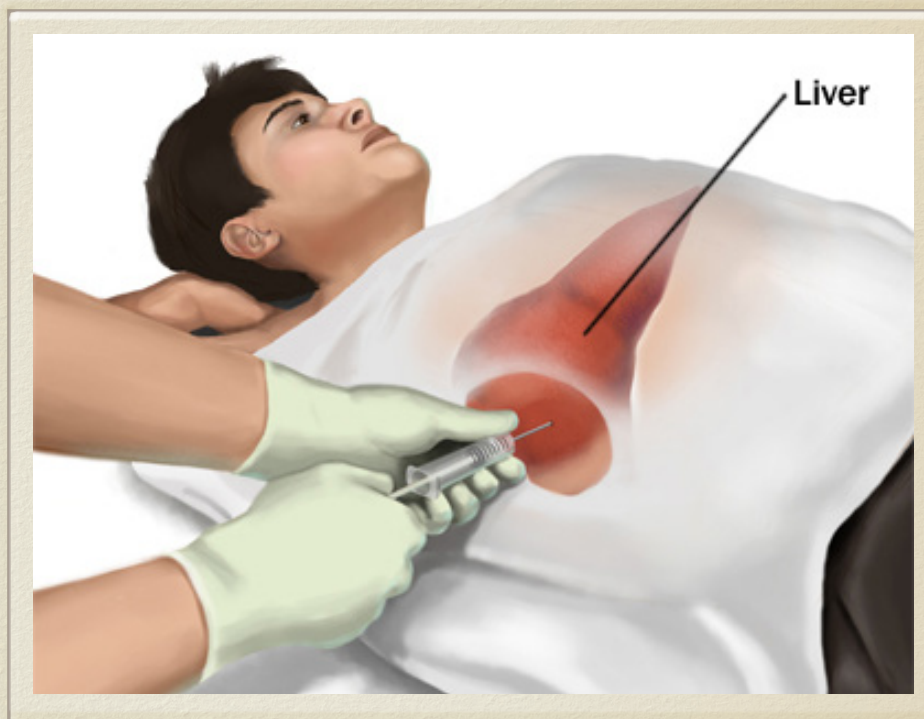
CARDIAC STRESS TEST (DSE OR ADENOSINE THALLIUM):

This is a test to evaluate the heart's ability to work during exercise. You will be given medication to elevate your heart rate. This is not a treadmill test.

Other evaluation testing may include:

LIVER BIOPSY:

A procedure during which a piece of tissue



is removed from your liver so that it can be looked at under a microscope. You will be given medicine during this test to help you relax.

CLINICAL PSYCHOLOGY:

You may meet with a clinical psychologist who will talk with you about your anxiety, depression or drug and alcohol use history. They also assess your ability to follow post-transplant instructions.

COLONOSCOPY:

A test that allows doctors to look at the lining of your colon. Before this test, you are required to drink a liquid called a bowel prep. ***It is very important that you drink all of the prep and that your colon is free of stool so the test will not have to be repeated.*** You will receive medicine during the test to help you relax.

ENDOSCOPY (EGD):

A test to see if there are enlarged veins or ulcers in your throat, esophagus or stomach. You will be given medicine to help you relax.

ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP):

A test that studies the ducts (drainage tubes) of the gallbladder, pancreas, and liver. Dye is injected into the ducts and x-ray films are taken. Inform the radiologist if you have had a reaction to dye or have an allergy to iodine or shellfish before having this test done.

MAGNETIC RESONANCE IMAGING (MRI):

A computer, a powerful magnet and radio waves are used to produce detailed images of organs and blood vessels. Be aware that your head and body may be in a narrow space during the procedure. Please remove all metal objects and credit cards before entering the MRI machine.

PHYSICAL THERAPY:

You may meet with a physical therapist to evaluate the amount of muscle wasting or physical weakening due to your liver disease. He or she will also decide your need for post-transplant care.

The doctors may request other consults or tests as seen necessary.

IMPORTANT:

You are required to have a family member or close friend come with you to the evaluation. He or she will be able to help you remember the great amount of information that you will receive about the transplant process. We will be unable to complete your evaluation process unless a caregiver attends your evaluation.

After your evaluation has been completed, the liver transplant team will meet to discuss your case and decide if a liver transplant is the best option for you. This is called Medical Review Board.

A letter stating the results of your evaluation will be sent to both you and your local doctor within 10 business days of your evaluation.

Please stay in touch with your transplant coordinator's office. It is important that we maintain good communication throughout the evaluation and listing process.

Please notify your coordinator if you are admitted to your local hospital or if your insurance or contact information changes.

You must maintain routine appointments with your local doctors. They will be very important with your medical care.

ACTIVATION PROCESS:

Your coordinator may tell you that you have been approved for a transplant but you need to complete some tests before you can be activated. ***Please complete these as soon as possible so that you can be activated on the list. If you are not activated, you CANNOT be transplanted.***

After you have been approved for transplantation and you have completed

The UNOS list is always changing, and it is not possible to tell you where you are on the list.

Once you are activated, you will need to obtain a cell phone and keep this with you at all times. ***Please call the liver transplant office with the number, and be sure to give us any other numbers where you might be reached.*** Be sure to provide all updated phone numbers



everything that your coordinator asked you to do, your name will be put on the national computerized waiting list. This is called activation. The United Network for Organ Sharing (UNOS) manages the list under contract with the federal government.

This list will match you with a suitable donor based on your:

- Blood type
- Body size
- Medical urgency - MELD score (MELD score is a calculated score of medical urgency. It is based on your Bilirubin, Creatinine, and PT/INR lab values. The MELD score ranks patients in order of medical urgency.

of family, friends, and other support persons.

When we are trying to contact you for a transplant, the coordinator will call your home first, then your cell phone.

If you plan on traveling or have to leave town, please advise the transplant office as soon as you are aware of travel plans.

PRE-TRANSPLANT FOLLOW-UP:

We know that waiting for a liver is a stressful time. While on the waiting list, you may feel a loss of freedom because you must be reachable 24 hours a day. As time passes, you may feel that the transplant team has forgotten you. It is important to keep in mind that, during this waiting time, there is little control over when a donor liver will become available for you.

WHILE YOU ARE WAITING:

- You will be seen in our liver transplant clinic about every three months.
- You and your family may attend support group meetings to help you deal with the stress of waiting.

TO STAY HEALTHY WHILE WAITING:

- Maintain your diet and exercise.
- Follow your liver coordinator's instructions about labs and tests.

- Continue to see your regular doctor for routine health problems.
- Be sure that your doctor keeps your liver coordinator aware of any visits and lab work you have done.
- Continue to remain free of all alcohol, nicotine, and illegal drug use.

CONCLUSION:

Your main goal while waiting for a transplant is to stay as healthy as possible. To achieve this:

- See your doctor regularly.
- Keep in touch with the transplant team.
- Watch your diet carefully and exercise regularly.

Remember that the healthier you are when you have the transplant, the easier your recovery will be.

TRANSPLANTATION

When a suitable donor becomes available, you will be called by one of the transplant coordinators. You will be expected to leave for Shands as soon as possible. ***Please do not eat or drink anything after receiving the call.*** Please travel in a safe but timely manner.

WHEN YOU ARRIVE IN GAINESVILLE:

- You will check in where you have been instructed by the transplant coordinator.
- You will have blood work, a chest x-ray, and an EKG done. The location of those tests will depend if you arrive during normal business hours or after hours.

YOU WILL BE TAKEN TO A ROOM ON THE TRANSPLANT FLOOR WHERE:

- You will receive an enema and a shower with a special soap.
- You will be given medicine to destroy bacteria in your bowel.
- An intravenous (I.V.) line will be inserted.
- You will meet with an anesthesiologist and a surgeon who will discuss your anesthesia care and ask you to sign consent forms.



WHEN EVERYTHING IS COMPLETE:

- You will be taken to the operating room in the SUF south campus.
- Your surgery will take about 5 hours.
- Family members should wait in the surgical waiting room on the second (2) floor of SUF south campus.

It is important to know that you may be called in and prepared for surgery, and then be told that the transplant is cancelled.

This happens when the liver is unsuitable for transplant. When someone is being evaluated

for organ donation, many tests are done. However, these tests cannot always tell us if the liver can be used for transplant. Only after our transplant surgeons inspect the liver can we be sure that the liver is ideal for transplant. A

cancellation can be very discouraging, but it is in your best interest.

TRANSPLANT TYPES:

There are not currently enough donor organs available to meet the increasing demands and there are patients that die while waiting for a liver. There are now alternatives to whole liver transplant that allow for more patients to receive liver transplants.

SPLIT LIVER TRANSPLANT:

One of these options is to split an adult *cadaveric liver* so that two patients, often an adult and a child, but sometimes two small adults, can be transplanted with one liver. Split liver transplants are becoming routine and current results are no different than with the whole organ transplantation.

Split liver transplantation may decrease your waiting time on the list. It may allow you to get transplanted before you become too ill, improving your recovery after surgery. Your surgeon will discuss this option with you, if you are an appropriate candidate, during your evaluation.

LIVE DONOR TRANSPLANT:

Another option is to use part of a liver from a live donor. Living donation has been used for kidney transplantation with excellent results for many years. Over the past few years, live donors have also been used for lung and pancreas transplantation. Live liver donation involves removing half of the donor's liver and implanting that part into the recipient.

Some of the advantages of a live donor transplant include avoiding a potentially long wait for a cadaveric organ and getting transplanted while you are still "reasonably healthy." This also allows you and your family the time to plan ahead by knowing when the transplant will occur. Your physicians will discuss this option, along with the potential risks to the donor, with you in great detail if you are an appropriate candidate.

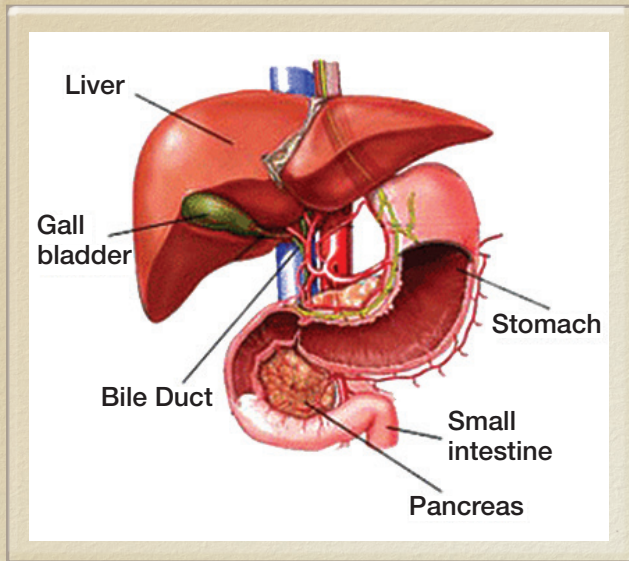
THE TRANSPLANT SURGERY:

Once you have been taken to the operating room and are asleep, it may take an hour or more to complete the steps needed to prepare for the actual surgery.

HERE ARE THE STEPS TAKEN IN THE SURGERY:

- The surgeon makes an incision below your rib cage.
- The next few hours are spent removing your diseased liver. Your gallbladder will also be removed.
- After your old liver is removed, it takes 45 to 60 minutes to sew the blood vessels of the donor liver to your vessels. (see picture on page 12)
- Next, your new bile duct will be attached to either your old bile duct or to your intestines.
- Your abdominal wall and skin will then be closed.

WHAT TO EXPECT AFTER SURGERY



- You will be taken to the Surgical Intensive Care Unit (SICU).
- The surgeon will contact the waiting room to speak to your family and tell them how you are doing.

THE SURGICAL INTENSIVE CARE UNIT:

You will wake up in the SICU where the sights and sounds will be strange. You may experience feelings of being scared or suspicious due to the unfamiliar surroundings and the result of medications you are receiving to prevent rejection. Mood swings are common and will improve with time. Be patient and be sure to report how you are feeling to your transplant team.

IN THE SICU YOU WILL HAVE:

- An **arterial line** in your wrist that allows us to monitor your blood pressure and take blood samples.

- Two or three **drainage tubes** in your abdomen to drain blood and fluid from around your new liver.
- A **Foley catheter** to empty the urine from your bladder.
- **I.V. catheters** to give fluids and medicine.
- A **nasogastric (NG) tube** in your nose to keep your stomach empty.
- A **pulse oximeter** clipped to your finger so your nurse can monitor the amount of oxygen in your blood.
- A massage stocking called a **Sequential Compression Device** will be on your legs to keep blood moving and to help prevent clots.

YOU MAY ALSO HAVE:

- An endotracheal or breathing tube in your mouth that goes down into your windpipe to help you breathe.
- The tube may be uncomfortable because you will not be able to talk or drink while it is in place.
- When you are able to breathe on your own, usually within a few hours, this tube will be removed.

Your incision will look like an upside-down “V,” a “Y,” or a backward “L.” Some patients find that they are not in as much pain as they expected. This may be due to the type of incision made and to the use of steroid medications.

RECOVERY AND EDUCATION

RECOVERING ON THE TRANSPLANT UNIT:

You will transfer to the Transplant Unit a day or two after your transplant. You may find the transplant unit to be more relaxing because you will no longer require the constant monitoring that you needed in the SICU. Most of your tubes will be removed at this time.

- Your activity and diet will be resumed as quickly as possible.
- You will be expected to get out of bed and to walk as much as possible.
- Physical therapy will be started to help with activity.

The team members who are working with you are familiar with the needs of transplant patients and will help you to walk and start caring for yourself.

You recovery period will be a mix of good and bad days. All patients recover differently. Comparing your experience with those of other patients may be either confusing or helpful. However, talking to other families in the same situation can offer a lot of support for your family. Our experience has shown us that patients with strong support systems have better recoveries and outcomes.

EDUCATION

DURING YOUR STAY, YOU WILL NEED TO LEARN:

- When and how to take your new medications.
- The side effects of your new medications.
- The signs and symptoms of rejection.
- Other important aspects of post-transplant care.

TO ASSIST YOU WITH LEARNING:

- We will provide you with a medication sheet that lists all your medications and the times that they need to be taken.
- Your coordinator will conduct an individualized medication class.
- You will need to pass an “open book” test using your book to find answers.
- You will also need to pass a “closed book” test where you cannot use your book to find the answers.

You will need to learn about your medicines and pass tests before you can be discharged from the hospital. ***We require family members or friends to be involved and learn about your medications and care. When you go home, you may need this extra help.***



TRANSPLANT MEDICATION:

Your medications will be managed carefully by your doctors. Anti-rejection or immunosuppression medications may be changed as your new liver begins to work better. The medication routine can be overwhelming at first. For this reason, we urge you to use your medication sheet and also to ask a friend or family member to learn your routine.

YOUR ANTI-REJECTION DRUGS MAY INCLUDE:

- FK506/Prograf/Tacrolimus
- Prednisone
- Neoral/Cyclosporine-modified
- CellCept
- Imuran
- Rapamune/Sirolimus

You will be taking only a few of these medicines after your transplant!

You will also take medicine to prevent infections. Some of the drugs you may take are listed below:

ANTI-FUNGAL:

(taken for 3-4 months) = Prevents a mouth infection called Thrush.

- Mycelex
- Nystatin

ANTI-VIRAL:

(taken for 3 months) = Prevents an infection called CMV.

- Acyclovir/Zovirax
- Valganciclovir/Valcyte

ANTI-BACTERIAL:

(taken for 6 months) = Prevents a pneumonia called PCP.

- Bactrim DS/Septra DS

If you are allergic to sulfa, be sure to tell the doctor!

POSSIBLE COMPLICATIONS:

There are risks with any surgery. The surgeon will discuss these in detail at your clinic visit.

- Bleeding
- Bile duct leak/Stricture
- Clotting of the blood vessels leading to or from the new liver
- Infection
- Non-functioning liver
- Rejection

MEDICATION SIDE EFFECTS:

The drugs that you will take reduce your body's ability to fight infection. You will need to use caution and avoid contact with people who are sick, especially during the first 3 to 6 months after transplant.

The anti-rejection drugs that you will take have side effects.

THE MORE COMMON SIDE EFFECTS INCLUDE:

- Blurred vision
- Diarrhea
- Hand tremors
- Headaches
- High blood pressure
- High blood sugar (diabetes)
- Increased risk of cancer, especially skin cancer
- Low white blood cell count
- Mood swings
- Nausea
- Vomiting
- Decreased kidney function

If you have any of these side effects, please let your coordinator know!



POST-TRANSPLANT FOLLOW UP

FOLLOW UP AT THE SHANDS LIVER TRANSPLANT CLINIC 1-3 MONTHS:

- For the first month, you may have weekly clinic visits.
- You will have blood tests two times a week (mostly local lab draws with results faxed to the coordinator office).
- As you improve, you will be seen in the clinic less often.
- In time, you will only need to be seen at Shands once a year..

THREE TO FOUR MONTHS AFTER TRANSPLANT:

- You will return to the care of your local doctor for non-liver issues.
- You will have blood work every 2-4 weeks and the results will be faxed to your transplant coordinator.
- You may have a liver biopsy or CT done to check for recurrent disease.



MEDICATION CHANGES:

Many medications can interact with the anti-rejection drugs and cause serious side effects, so:

- Only the transplant doctors should make changes to your anti-rejection medications.
- Call your transplant coordinator immediately if your local doctor prescribes any medication for you.
- Call your coordinator before taking any over-the-counter medications.

Information about survival rates is available at <http://www.ustransplant.org/csr/current/publicData.aspx?facilityID=FLUFTX1LI&t=00&r=florida>.

GLOSSARY

ASCITES:	The normal buildup of fluid in the abdominal cavity.
ANESTHESIA:	A drug that causes you to lose feeling in part or all of your body and may cause you to lose consciousness.
ANTIBIOTIC:	A medication used to treat or prevent infection.
ARTERIAL LINE:	A small tube placed in an artery that allows us to monitor your blood pressure or obtain blood samples.
BILE DUCT:	A duct that carries bile from the liver to the intestines.
BLOOD PRESSURE:	The amount of pressure your blood exerts against the walls of your arteries. The upper number is systolic pressure (the amount of pressure when your heart contracts), and the lower number is diastolic pressure (the amount of pressure when your heart relaxes).
CADAVERIC LIVER:	A liver that is taken from a donor who has passed away.
CASE MANAGER:	A nurse in charge of overseeing your case from admission to discharge.
CIRRHOSIS:	Scarring and decay of liver cells.
EDEMA:	Body swelling, especially in the legs, ankles and hands.
FOLEY CATHETER:	A tube placed in your bladder that is connected to a drainage bag to measure urine.
HEPATITIS:	An inflammation of the liver.
INCISION:	A surgical cut that opens part of the body.
IV:	A tube placed in a vein to deliver fluids and medications.
NG TUBE:	Nasogastric tube, a tube that goes in your nose or mouth and keeps your stomach empty.
NPO:	Nothing by mouth to eat or drink.
REJECTION:	The body's attempt to destroy a new liver.
SEQUENTIAL COMPRESSION DEVICE:	A massage stocking placed on your legs that is connected to a machine, which tightens and releases like a blood pressure cuff.
STAPLES:	Metal clips used in place of stitches to hold wound edges together.
SICU:	Surgical Intensive Care Unit.
VARICES:	Swollen blood vessels in the throat or stomach.
VENTILATOR:	A machine connected to a flexible hose that is inserted through your mouth, nose or throat, that helps you breathe until you are able to breathe on your own.
VITAL SIGNS:	A measurement of your heart rate, breathing rate, blood pressure and temperature.

THE PRE-LIVER TRANSPLANT PROCESS

You will be assigned to a Liver Transplant Coordinator and Transplant Assistant according to your last name. These staff members will be your main contact persons at Shands at the University of Florida.

Transplant Coordinator:

Katie McDowell, RN, BSN, CCTC

Assistant:

Dru'Anne

Patient's Case Managed:

Last names starting with A-K

Transplant Coordinator:

Tree Kasper, RN, MSN, CCTC

Amy Camire, RN, BSN

Assistant:

Donna

Patient's Case Managed:

Last names starting with L-Z

Financial Representative:

Gwen Bradley 352-265-0472

She will manage all insurance communication and needs.

1. **Referral to the Transplant Coordinator Office-** After your Hepatologist refers you to the transplant coordinator's office, financial authorization will be obtained to cover your transplant evaluation. After this is achieved, the coordinator office will schedule a **Two-Day Outpatient** evaluation based on your individual medical history. You will receive your evaluation schedule through the mail. This schedule will give you the dates, times, and locations for your various appointments.
2. **Medical Review Board-** Once the two-day evaluation is complete all test results will be reviewed in our weekly Medical Review Board. You will not attend this meeting but your coordinator or doctor will be in contact with you shortly thereafter to discuss the outcome with you. If approved, your test results will be forwarded to your insurance company for approval for the transplant procedure itself. If you are deferred or denied transplant at this Medical Review Board, you will be notified of the reason. Often times, it is because further testing is needed prior to final consideration.
3. **Transplant Listing in UNOS (United Network of Organ Sharing) -** Once all evaluation and follow up items are completed and insurance authorization is in place, your coordinator and assistant will list you on the UNOS National Liver Transplant list.
4. **Ongoing Evaluation and Health Maintenance -** We will follow your liver disease routinely in our Liver Transplant Clinic. Your primary care doctors will need to continue your routine health maintenance. Women need annual GYN/Pap Smears and Mammograms. Men will need annual prostate exams. Our liver transplant team will track your routine need for labs, CT scans, updated cardiopulmonary testing, as well as any other updated testing to maintain your transplant candidacy.

NOTES

This image shows a single sheet of cream-colored paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

Shands
TransplantCenter
at the University of Florida